salder mi

## Entry Blank Dlease Type or Drint

Entry Diank Tieds	c Type of I			
☐ Ms./Artist ☐ Mr./Artist	P. Sp	661	-	
	- 1			(last name last)
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44074	Da	aytime Tel. (	21617	74-8319
Zip			area	
Temporary or Studio Address				
		Street		City
	Da	aytime Tel. (	)	
Zip			area	
If you do not presently live Reserve, in which county w		counties of th	ne Western	
Collaborator (if any)				*
If May Show entries are n Artist will pick up at M Museum should dispos	useum. e of.			
Stree	t			
City	State			Zip
Special Instruction	5			
Entry Blank must be comp	leted in full and	d signed; form	ns received u	insigned will not

be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 27, 1990.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the upsold/unaccepted object(s) in good condition.

Signature

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

↑ □ Pair					
		aphics	□ Photog		
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